C+D

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10 April 2010

The C+D Awards

The 69 finalists revealed page 22

INSIDE

A new OTC constipation treatment that takes water where it's needed

Dulcobalance® is a new product from the makers of Dulcolax®. It dissolves in a glass of water then directs it to the bowel, where it works only on the stool. Dulcobalance®, which contains macrogol, is not absorbed into the body but uses natural osmosis to bind water directly with the stool. Plus, its specific mode of action limits bloating and flatulence.[1,2] Dulcobalance® does not thicken in the glass and has a pleasant fruit flavour. As it contains no electrolytes, it is suitable for people with cardiovascular or kidney problems.

A Body-Friendly Solution for Constipation

Dulcobalance® Product Information Presentation: Dulcobalance containing 10g of macrogol 4000 in a sachet. Dulcobalance containing 10g of macrogol 4000 in a sachet. **Indication:** Symptomatic treatment of constipation in adults and children aged 8 years and above. **Dosage:** 1 to 2 sachets dissolved in water per day, preferably taken as a single dose in the morning. In children treatment should not exceed 3 months. **Contraindications:** Severe inflammatory bowel disease (e.g. ulcerative colitis, Crohn's disease), or toxic megacolon associated with symptomatic stenosis, digestive perforation or risk of digestive perforation, ileus or suspicion of intestinal obstruction, painful abdominal syndromes of indeterminate cause, hypersensitivity to macrogol or any of the excipients. **Warnings and precautions:** Patients with hereditary problems of fructose intolerance should not take Dulcobalance. In case of diarrhoea, caution should be exercised in patients who are prone to a disturbance of water electrolyte balance (e.g. the elderly, patients with impaired hepatic or renal function or patients taking diuretics). **Pregnancy and lactation:** No data is available in pregnant women, therefore caution should be exercised when taking Dulcobalance during pregnancy. As macrogol is not significantly absorbed, Dulcobalance may be taken during lactation. **Adverse effects:** *Common:* abdominal distension and pain, nausea, diarrhoea. *Uncommon:* vomiting, urgency to defaecate, faecal incontinence and bloating. *Very rare:* Hypersensitivity reactions including pruritus, urticaria, rash, face oedema, Quincke oedema and an isolated case of anaphylactic shock. *Unknown:* Diarrhoea leading to electrolyte disorders (hyponatremia, hypokalaemia) and dehydration. **RRP (ex VAT):** £4.88, 10 sachets **Legal category:** P **Product Licence Number:** PL 00015/0318 **Product Licence Holder:** Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. **Date of revision:** November 2009.

References: 1. DiPalma JA *et al.* Overnight Efficacy of Polyethylene Glycol Laxative. Am J Gastroenterol 2002; **97**. 1776-9. 2. Data on file.

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PPA ABC

> COMMUNITY PHARMACY IS LIVING UP TO ITS PROMISE – WE WILL HAVE TO WAIT TO SEE IF POLITICIANS CAN LIVE UP TO THEIRS

No news is good news. Like so many clichés, this well-known phrase is frequently true – and so is the reverse. Good news is all too often no news, so much so that those of us who trade in news are at constant risk of becoming jaded cynics.

So it is a great pleasure this week to be able to announce the prestigious shortlist for the C+D Awards 2010 (p22).

It's certainly good news for our finalists – all 69 of them. Previous C+D Awards winners have repeatedly testified to the value of being recognised: from a self-confidence boost to team motivation; and from raised profiles within local communities to respect from PCTs, peers and other healthcare professionals.

The other big announcement this week was, of course, the dissolution of parliament – after 13 years of Labour primacy, the countdown to the most-hyped general election in recent memory has well and truly begun. And in the latest of C+D's exclusive interviews with the big three's respective health chiefs, the Lib Dems have pledged to make community pharmacy a central plank of its plans to shake up the health service (p4).

But whichever party is first past the post, it will have no choice but to face the increasing strain on the public purse and make its promised NHS overhauls in the context of budget cuts. So, however many soothing words politicians use to woo us in the race to the polling booths, there is no doubt that community pharmacy will have to prove its worth for every penny available.

The sector is hoping that the ongoing cost of service inquiry will make the case for the true cost of providing an NHS pharmacy service. But as Hampshire & IoW LPC chief officer Mike Holden reiterates (p10), community needs to provide more evidence of its effectiveness.

So as well as being good news for the finalists themselves, the breadth of pioneering community pharmacy practice revealed in the C+D Awards 2010 shortlist is also good news for the sector as a whole. An incoming government could do a lot worse than to cast its eye over this showcase for evidence of what pharmacy is already achieving – and a taste of what more it could contribute to improving the nation's health if it was given more robust support.

The C+D Awards 2010 shortlist proves that, all over the UK, community pharmacy is living up to its promise – we will have to wait to see if politicians can live up to theirs.

It only remains for me to wish, on behalf of C+D, all our finalists the very best of luck for the final judging and announcement of the overall winners of the 14 C+D Awards 2010 trophies – watch this space.

Jennifer Richardson
Features Editor

Cover: Getty Images (Adapted)

Pharmacy minister: dispensing error guidelines due this month

EXCLUSIVE Long-awaited CPS guidelines lifting threat of single error prosecutions expected

Mike O'Brien: ensuring pharmacists aren't criminalised is key to government's plan

Chris Chapman
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Pharmacists could be free from the threat of prosecution for single dispensing errors from this month, the pharmacy minister has revealed.

Speaking exclusively to C+D, Mike O'Brien said Crown Prosecution Service (CPS) guidelines on dealing with pharmacists making single errors would be published "hopefully within the next few weeks, within April".

The guidance had been due early this year and its publication follows criticism from the RPSGB and shadow health minister Mark Simmonds over delays on the issue.

Mr O'Brien said he was still "concerned" pharmacists could be given jail terms for single dispensing errors. And ensuring pharmacists "won't be criminalised" for single errors was a key part of government's plan for the sector, he added.

A spokesperson for the DH confirmed the MHRA, DH and CPS had been working together to ensure dispensing errors were dealt with "in a proportionate way", and that the guidance was due for release in April.

RPSGB president Steve Churton said the Society was continuing "to press for swift and decisive action" from the CPS, and growing "increasingly frustrated and impatient" with the delay.

The CPS has come under increased pressure to decriminalise dispensing errors recently, following the announcement that locum Elizabeth Lee will appeal her criminal conviction for a single dispensing error later this year.

Last month the CPS told C+D that guidelines for prosecutors to show leniency if pharmacists made a mistake were "still being considered" by the director of public prosecutions, and would "take as long as it takes" to be finalised.

Lib Dems: star role for sector in NHS vision

The Liberal Democrats have vowed to put pharmacists at the vanguard of an NHS geared towards preventing killer diseases, following a general election triumph.

The shift would be supported by a major shake up at PCT level, Norman Lamb, Lib Dem health secretary, exclusively told C+D.

Funding for local commissioners could be decided by how well pharmacies and other NHS stakeholders were commissioned to improve public health, he said.

This could be achieved through a QOF linked to the pharmacy contract, the Lib Dem health chief added.

Mr Lamb said: "The network of community pharmacies has a really important role to play in screening and awareness about a host of health issues like smoking and obesity."

He added: "At the moment PCTs stand passively by as NHS money is diverted to other areas. Instead you could incentivise them to use the forces available, including pharmacies, to make it happen."

Under the Lib Dems, PCTs would be rebranded as local health boards with elected patient representatives deciding policy. Greater primary care spending would be financed by wholesale cuts on government quangos, Mr Lamb said, and by slimming down regulation. **MG**

Watch C+D news editor Max Gosney interview Liberal Democrat health secretary Norman Lamb

www.chemistanddruggist.co.uk

RPSGB ups payments on £12m pension deficit

The RPSGB is set to increase by 85 per cent its monthly deficit reduction payments to its final salary pension scheme.

The Society will pay an extra £67,400 a month effective from January 2010, on top of the monthly £79,600 it already contributes to deal with a scheme deficit valued at over £12 million.

Following RPSGB Council agreement last week, this interim measure will continue until a new deficit valuation is formalised with the scheme trustee, who requested the extra payment.

In a Council paper proposing the additional payment, Society director of commercial services and resources Bernard Kelly said: "The deficit of the pension scheme is a liability of the Society, which cannot be removed and has to be dealt with in the long term.

"Contributions made now... should not be regarded as money lost but as a reduction in the liability which will reduce the burden in future years."

The deficit was valued at over £12.2m at the end of 2008, Mr Kelly explained, after the trustee brought the valuation forward from the following December due to concerns over the impact of the RPSGB split.

But the Society had argued the 2008 valuation was "not justified" because of economic instability, he said, and that a 2009 valuation would give greater clarity on the impact of the split.

The trustee had therefore agreed not to formalise the 2008 valuation if the extra interim payments were be made until the 2009 valuation was finalised.

A Society spokesperson confirmed Council had approved the additional payments and said minutes of the meeting would be available shortly.

The deficit reduction payments are in addition to the Society's future service contribution to the pension scheme. **JR**

Script sorting changes slammed by contractors

'Archaic sorting process' means more bureaucracy, say pharmacists

Zoe Smeaton
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Pharmacists have expressed concern about the additional workload that changes to prescription sorting requirements will bring, calling the changes "archaic" and "ridiculous".

The changes revealed by NHS Prescription Services will mean pharmacies have to separately sort prescription forms containing 'specials' or individual items with a net ingredient cost of £100 or more. Broken bulk items will also be sorted in this way, as before.

The moves are designed to reduce errors in pricing by the automated system and to safeguard contractors' monthly payments by allowing increased attention to be paid to these items.

But pharmacists said the moves brought yet more bureaucracy.

Graham Phillips of the Manor Pharmacy Group in Hertfordshire criticised the "evermore archaic sorting processes". He said the government needed to "do something about this absurd bureaucracy and their inability to do simple things like price prescriptions".

However, other contractors expressed relief that the changes might improve pricing accuracy at least. Lila Thakerar, of Shaftesbury Pharmacy in Harrow, said she had decided to sort specials separately anyway recently after seeing many incorrectly priced. In some cases she had been reimbursed in the region of £1 for items worth over £300. She said the changes would help pharmacies who might not be aware they were being underpaid.

Janet Edginton, PSNC's head of pharmacy audit, said sorting items over £100 would "clearly require additional pricing knowledge by the pharmacy staff" but that the committee would produce a list of commonly prescribed items over £100 to help pharmacies adapt.

Anger at 'questioning of professionalism'

Pharmacists have expressed anger as some manufacturers continue to request faxed proof of demand before despatching medicines in short supply.

The requests for faxed prescriptions come despite agreements at the recent stock shortages summit for stakeholders to work together to ensure patients get medicines.

Keith Sykes, of Newington Pharmacy, Hull, told C+D: "I am annoyed at the stance taken by Novartis that requires me to fax copies of prescriptions. It takes up valuable time and calls into question my professionalism."

PSNC agreed the procedure was burdensome and other leading manufacturers said they had no such policy.

Novartis said copies of anonymised scripts helped them check orders related to patients needing immediate supply.

Society 100-day deadline approaches

Ambitious development targets set by the RPSGB's new professional leadership body in January are still to be met as the 100-day deadline for completion of the goals draws near.

So far just one of the seven overarching commitments to members has been fulfilled, although three more have been partially completed as the April 19 deadline approaches.

The Society said it would release an update on the pledges, which include improving awareness and perceptions of pharmacy and actively listening and responding to members, on April 24.

George Romanes, of the Romanes Pharmacy Group, said: "They have made a pretty good stab at it considering what they have to do in 100 days." **MH**

Chemist+Druggist has announced the shortlist for the C+D Awards 2010, in association with the NPA. From what the judges described as "a really excellent batch of applications", 69 pharmacists, pre-registration graduates, technicians, assistants and others made it onto the prestigious shortlist for the third annual C+D Awards. "We were delighted by the record number of entries to the C+D Awards 2010," said C+D editor Gary Paragpuri. "They were of an incredibly high quality and it was wonderful to see such a diverse range of entrants, including LPCs and PCTs." The finalists will now be invited to join colleagues and community pharmacy leaders at an awards ceremony in June, when the winners of the 14 trophies will be revealed. To see who made it onto the shortlist, turn to page 22.

In brief

Cyklo-F approved

The first OTC medicine to treat heavy menstrual bleeding has been approved by the MHRA. Meda Pharmaceuticals plans to launch the product under the brand name Cyklo-F in early 2011 as a P product containing 500mg tranexamic acid.
www.chemistanddruggist.co.uk

NPA slams proposals

The NPA has spoken out against DH proposals to implement generic substitution in pharmacies, saying the changes are counter to the drive for quality in health services and less likely to achieve financial savings than measures to reduce waste.
www.chemistanddruggist.co.uk

Herbal regulation

Pharmacists could have to register with the Complementary and Natural Healthcare Council if they wish to continue supplying unlicensed herbal and other complementary medicines in the future, following an announcement by health secretary Andy Burnham.
www.chemistanddruggist.co.uk

Services boost custom

Additional services such as MURs, smoking cessation and emergency contraception could be responsible for increased customer numbers in pharmacy stores, according to a GSK survey. Fifty three per cent of pharmacists whose stores offered the services had seen a rise in footfall and 22 per cent of those saw improved retail sales.

GP guide published

Guides for pharmacists and GPs to help them develop more effective working relationships between the two professions have been published by PSNC, the British Medical Association's General Practitioners Committee and NHS Employers.

Overseas masters

The School of Pharmacy and Life Sciences at Robert Gordon University, Aberdeen, is the first UK institution to offer a masters course allowing internationally qualified pharmacists to apply for UK pharmacy pre-reg training schemes.

Read C+D reporter Chris Chapman's Avicenna conference blog

Dispensary talk

As the pharmacy white paper marks its second birthday, how well has it been delivered?

"The white paper has been a missed opportunity for pharmacy. What started out with the best of intentions has been woefully underfunded by government."
Graham Jones, Broadway Pharmacy, Hungerford, Berkshire

"Not at all. The potential is there and the theory is good but there seems to be no emphasis on it from local PCTs, which is where the money for it is coming from."
Geoff Ray, Total Health Pharmacy, Watton, Norfolk

Web verdict

Exceeded expectation 0%

Delivery on target 0%

Delivery behind in areas 55%

Badly delivered 45%

Armchair view: It's a damning verdict for those charged with delivering the white paper, as not a single voter thought implementation targets were being met.
Next week's question: Could text message reminders help patients take medicines properly? Vote at **www.chemistanddruggist.co.uk**

Avicenna set to form chain in London area

EXCLUSIVE Purchase of significant number of pharmacies 'imminent'

Chris Chapman
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Independent pharmacy group Avicenna is set to become a multiple pharmacy chain "imminently" by acquiring premises in the London area, C+D can reveal.

The group is looking to form its own retail chain following continued growth, which saw an operating profit of £1.5 million last year and membership expand to 1,250 members, chairman David Gration told the Avicenna Conference in Kerala on Tuesday.

Speaking afterwards to C+D, Mr Gration revealed the move to acquire pharmacies for the chain would be "imminent", and said he expected "a significant number" to be purchased for the company. "You can see the ambition of the company is big – it's not going to be just one," he said.

Avicenna director Uma Patel told C+D the number of pharmacies acquired would depend on price, and he declined to be drawn on a timeline. However, he added that the group had the financial reserves to make a significant purchase. "If a chain of 20 comes up at the right price, we'll buy... we certainly have the firepower," he said.

Uma Patel: "If a chain of 20 comes up at the right price, we'll buy."

When asked about potential locations for the chain, Mr Patel said the pharmacies were likely to be in London or the surrounding area. He said: "A good quartermaster says you should keep your line of communication short... within the M25 or a commutable distance."

Virtual chain roll out

Avicenna is already piloting its ACE Plus 'virtual chain' concept, providing head office functions for independent pharmacies, and will roll it out from July, CEO Salim Jetha has said.

The group said the future of the independent sector lay in banding together to form virtual chains that could cut down paperwork by providing centralised head office support.

PSNC chief executive Sue Sharpe agreed that such developments were critical to the survival of the independent sector.

Speaking exclusively to C+D, Mr Jetha said the ACE Plus service had been piloted in more than 40 pharmacies, and that he hoped around 10 per cent of Avicenna's membership would sign up.

"Trials have shown this is working, that the membership is happy," he said.

Proposals may ease foreign pharmacist restrictions

Community pharmacy representatives have backed proposals that could make it easier for the sector to take on foreign pharmacists.

The NPA, CCA and Day Lewis all welcomed an independent body's recommendation that the government reinstate community pharmacists to its shortage occupation lists.

If the Home Office accepts the Migration Advisory Committee's (MAC's) suggestion, the sector will once again be able to freely recruit migrant workers from outside the European Economic Area (EEA).

Day Lewis head of HR Stephen Wellings called the MAC's recommendation "a victory for common sense".

But the Home Office decision will now have to wait until after the General Election, following the dissolution of parliament this week.

The NPA said it hoped the incoming government would recognise the increased demand for community pharmacists due to rising pharmacy numbers, longer opening hours and new services.

NPA head of external affairs Stephen Fishwick said: "Community pharmacy is taking on an ambitious change programme and needs the government to take a suitably long term view on workforce."

Pharmacy bodies slammed the removal of community pharmacists from the shortage occupations list last summer (C+D, August 1, 2009, p8), when some students were left unable to take up pre-reg placements. **JR**

Trimethoprim switch halted

Actavis has confirmed that it has withdrawn its application for its trimethoprim preparation Cysticlear to switch from POM to P, as press reports suggest MHRA moves to switch the drug have been stopped.

The switch application, originally made in 2005, gained strong support from the pharmacy sector including the NPA and the RPSGB.

However, the application to switch trimethoprim from POM to P raised concerns about overuse of antibiotics and the risk that pharmacy customers would not follow treatment instructions.

GP magazine Pulse reported this week that the government had stepped in to halt the switch.

Actavis said it would be robust in pursuing its POM to P pipeline in other therapeutic areas. **GMA**

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Warning over supply error

Locum dispensed 10 times required amount, RPSGB panel told

A pharmacist from Holywell has been given a warning by an RPSGB disciplinary panel after supplying 2,100 methadone 5mg tablets, which had been erroneously prescribed by a GP, to a patient.

Working as a locum pharmacist at Runcorn Late Night Pharmacy, David Sheppard dispensed the full amount on or around July 6, 2006, for a patient who was going on holiday to Ireland for three weeks.

The tablets amounted to 10 times the methadone required for the holiday, or more than six months' worth, and are now believed to have been sold on the black market, the RPSGB panel heard.

The disciplinary panel was told Mr Sheppard dispensed the amount "without checking it was correct". Mr Sheppard denied that he had failed to adhere to accepted standards, saying another pharmacist had checked the prescription and that he considered that was sufficient.

But he was found guilty of failing to adhere to accepted standards in a way likely to bring the profession into disrepute or undermine public confidence in the profession. The disciplinary panel issued a warning that will remain on Mr Sheppard's record for five years.

The panel said that, although the other pharmacist had checked the prescription, Mr Sheppard should also have done so.

However, panel chair Patrick Milmo QC said this had been a "single, isolated incident in a long and unblemished career".

He added that Mr Sheppard had made "good efforts to improve his practice" and was now a "highly scrupulous and conscientious practitioner". **UKL**

Business sales pick up

The market for pharmacy business sales is picking up, but some analysts have warned obtaining funding for the deals is still slowing progress.

David Reissner, head of healthcare at Charles Russell, said the law firm had clients looking to get into pharmacy for the first time and he anticipated increased sales. Finance company Pharmacy Partners had seen more activity in pharmacy acquisitions recently, in particular from independents.

But Umesh Modi, a pharmacy financial advisor at Silver Levene, warned difficulties getting loans were having an impact.

C+D News Survey

As the DH promises a review into the response to the swine flu pandemic, C+D asks how it was for you

Win an iPod Shuffle

Return the survey by April 23 and be entered into a draw to win an iPod Shuffle!

1. Overall, how well was the swine flu response in your area organised?
a) Very well organised ❒
b) Quite well organised ❒
c) Quite disorganised ❒
d) Very badly organised ❒

2. How well did your PCT keep you informed and updated throughout the pandemic?
a) Very well, with direct communications ❒
b) Quite well ❒
c) Poorly ❒
d) It didn't communicate with us directly ❒

3. How well did your LPC liaise with the PCT during the pandemic?
a) Excellently ❒
b) Reasonably well ❒
c) Adequately ❒
d) Poorly ❒

4. How badly were patient services disrupted at your pharmacy during the pandemic?
a) Seriously disrupted ❒
b) Affected, but not seriously ❒
c) We had to work harder, but they weren't disrupted ❒
d) No disruption to us or to services ❒

How were they affected?

_____

5. Were you and your staff offered swine flu vaccinations?
a) Yes ❒
b) No ❒

If yes, did you choose to have it and why?

_____

6. What changes could have improved pharmacy's response to the pandemic?
a) More communication to pharmacy ❒
b) A national response plan for pharmacy ❒
c) Other, please state

_____

7. Have you made changes to prepare for a future pandemic, eg creating a pandemic plan?
a) Yes ❒
b) No ❒

If yes, what changes have you made?

_____

You can also enter the survey online at www.chemistanddruggist.co.uk. Enter by April 23 for a chance to win an iPod Shuffle.

Your name: _____ **Job title:** _____

Pharmacy name and address: _____

_____ **Postcode:** _____

Email address: _____ **Daytime phone number:** _____

Post this completed page to: C+D, 8th Floor, Ludgate House, 245 Blackfriars Road, London SE1 9UY or fax it to 0207 921 8132.

All complete entries returned by April 23 will be put into a draw for the iPod Shuffle

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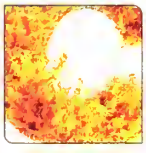

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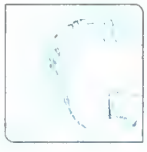
Stabbing pain

Shocking pain



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Text messages latest weapon in battle for medicines adherence

As improving compliance remains a key target for the NHS and pharmacy, **Zoe Smeaton** finds out how an IT system house has shown texting patients might be the next step

With its promises to help save the NHS money and boost patient wellbeing, improving medicines adherence is rightly high on the health agenda. And although an IT system house might not be the most likely place to look for inspiration on the matter, Cegedim Rx thinks it has provided just that with a recent university study.

The study focused on the system house's Message Dynamics service, which sends a text or calls patients when their repeat prescription is due. Patients are reminded when their repeat prescription is due and asked if they would like it to be requested for them.

The study, by the University of Surrey, analysed over 10,000 anonymous prescription records from 217 patients, comparing compliance in collecting prescriptions when they were needed before and after patients started using the messaging service. The researcher concluded the messages significantly improved patient compliance: the numbers of treatment days dispensed to previously under-compliant patients rose, while those dispensed to previously over-compliant patients were reduced.

The study found that on average pharmacies saw a 14 per cent increase in dispensing to the patients – welcome news for any struggling contractor.

If patients do not need their repeat, they are asked to leave a message, which the pharmacist can listen to at any time, explaining why they do not want it. This could enable pharmacists to provide interventions.

Simon Driver, Cegedim's managing director, says he believes the research shows pharmacists can help boost medicines adherence, as getting the medicine into patients' houses at the right time must be a first step in compliance. "Give people the right medicine at the right time… it's such an obvious thing," he says. Experts agree this could be the case, although they caution that the service would not solve adherence problems on its own.

C+D understands DH research into why patients don't take their medicines is undergoing scrutiny. But, even without this study, it is clear that for at least some patients, forgetting about their medicines is a factor in non-compliance.

Alastair Buxton, head of NHS services at PSNC, says for some patients there is an issue around not collecting their prescriptions correctly. While improving this would be useful, he cautions: "There are even more complex issues with people who collect them but still, for a myriad of reasons, don't take them."

Professor David Taylor of the School of Pharmacy, University of London, also agrees there is "something to be said" for Mr Driver's argument that the messaging service can boost compliance, although he questions whether it would be more useful to intervene specifically at the beginning of treatment regimes.

The text messaging service could logically go one step further and remind patients by text to actually take their medicines. But Mr Buxton says this might still not be enough to convince those patients who don't take their medicines for complex psychological reasons.

Despite some limitations, Mr Driver says he hopes the research could be used to help negotiate services for pharmacy in this area, by demonstrating the sector can have an impact. "If you've got these adherence problems and hospital admissions, to me the obvious route for any government must be help pharmacists to manage medicines," he says.

And experts are unanimous in their view that studies like this where data shows community pharmacy services are effective, are vital to secure such help. Mike Holden, chief officer of Hampshire & Isle of Wight LPC, says: "Sometimes commissioners have to go on blind faith that we can deliver a service. We need to create more evidence… it's very powerful."

With studies such as Cegedim's happening more and more at a local level though, momentum to gather this evidence seems to be building. And with developments such as RPSGB guidance on advancing pharmacy research expected shortly, perhaps the only way to go is up.

Message Dynamics: how Cegedim Rx's repeat prescription service works

30 seconds
call length to remind patients their repeat is due

£25
per month cost per 100 patients

10,000+
prescription records analysed

14%
increase in dispensing of required medicines seen

PSNC puts medicines adherence top of agenda

PSNC has said national services, such as those to slash medicines waste and improve patient adherence, will be the "main focus" in the coming months.

Such services were essential to overcome "very poor" commissioning in some areas, PSNC chief executive Sue Sharpe told the Avicenna Conference in Kerala this week.

Mrs Sharpe hinted at progress on developing a service to help patients when they are first prescribed a medicine for a long-term condition. She said: "The ability for pharmacists to target waste of medicine is a key area for future development. I am very hopeful we will develop a new service, commissioned nationally, for that first prescription."

But with the current mechanism of funding rewarding higher volumes, Mrs Sharpe told C+D it could be "really difficult" to develop a service to reduce waste. To do this, she said, funding would need a radical overhaul to shift away from volume and reward patient services. "We need to move away from the vulnerability we have over the number of pieces of paper a GP chooses to issue [governing funding]," she said.

Mrs Sharpe added that developing adherence services and a new funding model that would pay pharmacists to make sure patients get the most out of their medicines would be a 'win-win' for the NHS. **CC**

Avamys
fluticasone furoate

Welcome to a world of **allergic rhinitis relief...**

Prescribing Information
(Please refer to the full Summary of Product Characteristics before prescribing)
Avamys® Nasal Spray Suspension (fluticasone furoate 27.5 micrograms /metered spray) **Uses:** Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and over. **Dosage and Administration:** For intranasal use only. *Adults:* Two sprays per nostril once daily (total daily dose, 110 micrograms). Once symptoms controlled, use maintenance dose of one spray per nostril once daily (total daily dose, 55 micrograms). Reduce to lowest dose at which effective control of symptoms is maintained. *Children aged 6 to 11 years:* One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back down to 55 microgram daily dose once control is achieved. **Contraindication:** Hypersensitivity to active substance or excipients. **Side Effects:** Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. *Very common:* epistaxis. Epistaxis was generally mild to moderate, with incidences in adults and adolescents higher in longer-term use (more than 6 weeks). *Common:* nasal ulceration. *Rare:* hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria. **Precautions:** Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. Growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. Monitor height of children. Consider referring to a paediatric specialist. May cause irritation of the nasal mucosa. Caution when treating patients with severe liver disease, systemic exposure likely to be increased. Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma and/or cataracts. **Pregnancy and Lactation:** No adequate data available. Recommended nasal doses result in minimal systemic exposure. It is unknown if fluticasone furoate nasal spray is excreted in breast milk. Only use if the expected benefits to the mother outweigh the possible risks to the foetus or child. **Drug interactions:** Caution is recommended when co-administering with inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and ritonavir. **Presentation and Basic NHS cost:** Avamys Nasal Spray Suspension: 120 sprays £6.44. **Marketing Authorisation Number:** EU/1/07/434/003. **Legal category:** POM. **PL holder:** Glaxo Group Ltd, Greenford, Middlesex, UB6 0NN, United Kingdom. **Last date of revision:** January 2010

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

References:
1. Fokkens WJ, Jogi R, Reinartz S *et al.* Once daily fluticasone furoate nasal spray is effective in seasonal allergic rhinitis caused by grass pollen. *Allergy* 2007; **62**: 1078-1084.
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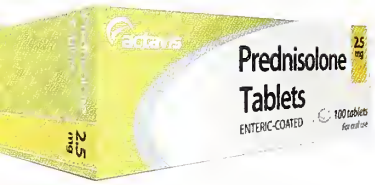
Code: UK/FF/0008/10 Date of preparation: February 2010

ALLEN & HANBURYS

GlaxoSmithKline

GlaxoSmithKline

Actavis adds prednisolone EC options



Actavis has extended its range of prednisolone EC tablets with larger pack sizes.

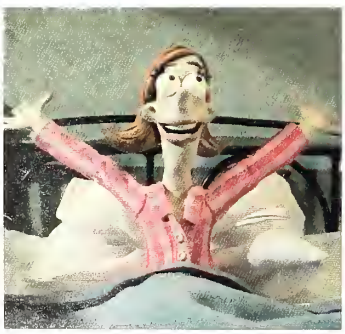
The two strengths, 2.5mg and 5mg, now come in two new pack sizes containing 30 and 100 tablets.

Actavis says the wider range of pack sizes will provide dispensers with additional options, along with increased customer choice, depending on patient preference for a single dose or divided daily dosage.

The range is available from all Accumulator wholesaler partners.

Pip codes: See C+D Monthly Pricelist or www.cddata.co.uk
Actavis UK
Tel: 0800 373573

Nytol in TV sponsorship



Nytol will be on TV until April 2011 in a £1 million sponsorship package with Sky's Gold TV and Watch TV. The brand will be on air every evening from Sunday to Thursday on Watch and every Sunday on Gold.

GSK says the initiative is designed to create long-term exposure for Nytol on channels that reach the brand's target audience.

The animated campaign has been developed by Wallace and Gromit creator Aardman Studios. It features Nytol character Joan who plays a scriptwriter, with different voiceovers to keep the campaign fresh.

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.mypharmassist.co.uk

Bonjela has mouth ulcers covered with launch of new treatment

Reckitt Benckiser has launched a new treatment for mouth ulcers in its Bonjela range.

Bonjela Complete Plus is formulated to create a protective barrier to protect mouth ulcers for up to four hours, soothe pain and aid the healing process.

The gel comes with a soft precision applicator designed for accurate and hygienic application.

The applicator can go directly back into the bottle after use ready for the next application with no need for rinsing or sterilising, according to Reckitt Benckiser.

The company says the product can help treat minor ulcers but if an ulcer is causing significant pain or has lasted for more than three weeks, customers should see their GP.

The product should not be used on ulcers larger than 1cm and is only suitable for use from 16 years.

Price and Pip code: £7.99/10ml (100 applications), 353-6588
Reckitt Benckiser
Tel: 01482 326151

Market focus

- Bonjela is the market leader in the £21.6 million adult mouth ulcer category with a 45 per cent value share (AC Nielsen MAT February 2010).
- Minor ulcers account for 80 per cent of all mouth ulcers and are more common among women and people who are aged under 40 (www.nhs.uk)

Spring makeover for Power Health supplements

Power Health is introducing a fresh new look for its health food supplements this spring.

Power Health tablets and capsules will now be presented in eye-catching red pots with gold hinge guard (tamper evident) lids. Some powders in the range will also be supplied in the same packaging.

Five new label styles help differentiate between the supplement categories across the range.

Power Health is also relaunching Memory Lane, which is claimed to be a brain-boosting supplement that can enhance mental ability in three weeks, and Phytosterols, which has been formulated to help lower cholesterol.

The new packaging will be supported with a national PR and marketing campaign until June.

In-store promotions are planned for later this year.

Prices: Memory Lane £17.99/30 capsules, Phytosterols £10.69/60 capsules
Pip codes: See C+D Monthly Pricelist or www.cddata.co.uk
Power Health Products
Tel: 01759 302595

Check out what's on TV this week

www.chemistanddruggist.co.uk/prodnews

Red Kooga springs into action

Vifor Pharma (Potters Ltd) is supporting its Red Kooga ginseng brand with an advertising campaign in women's lifestyle magazines this spring. The campaign is targeted at busy women with hectic lifestyles.

A second burst of women's magazine advertising is planned for September and October to coincide with the seasonal uplift in VMS sales. PR activity for the brand includes regional radio interviews with lifestyle coach Rebekah Fensome.

The new marketing drive follows the launch of four additions to the Red Kooga range earlier this year: Korean Ginseng capsules, Korean Ginseng with Multivitamins & Minerals, Korean Ginseng & Ginkgo Biloba and Natural Energy Release (previously known as Red Kooga Energise).

A new consumer website for the brand – www.redkooga.co.uk – has also been launched.

Product deals for independent pharmacies are available from the Ceuta Healthcare salesforce.

Price: from £2.99/10 tablets Natural Energy Release to £9.49/32 tablets Ginseng and Gingko Biloba
Pip codes: See C+D Monthly Pricelist or www.cddata.co.uk
Ceuta Healthcare
Tel: 01202 780558

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Time to make new friends in high places

> I CONTACTED THREE PARLIAMENTARY CANDIDATES, AND BEFORE YOU COULD SAY PHOTO OPPORTUNITY THEY WERE BANGING ON THE DOOR

It's not often that the pharmaceutical press resembles the daily tabloids, but the headline "Murky double life leads to three-year jail term" featured prominently last week. We've always sought a high profile for the profession, but I think the idea was for the 'face of pharmacy' to have the Rx Factor not the Sex Factor. Sadly, the many jokes doing the rounds about "the only pharmacist who hasn't got a drug supply problem is Charles Butler" belie the potential damage this man may have done.

I don't mean to the 'image of the profession' – after all, pharmacists are not exactly known for being racy or exciting, and none of us expects a TV soap opera or a drama to be set in a pharmacy because it would be so bloody boring. Actually, having the odd libertine colleague allows me to suggest to mates in the pub that I don't spend every night in bed with just a cup of cocoa and my C+D.

No, more important is the loss of a prominent and previously respected supporter at the heart of government – or at least as close as we have had to date.

Why is that important? Well, which of these headlines do you prefer: "Pharmacy saves NHS £1.8bn" or "Pharmacy made £1.1bn excess profit"? Both of these statements are true, according to a National Audit Office report, and the DH has pledged to consider its recommendation that include reducing PSNC's role, and removing such retained profit that even the NAO admits it could threaten the viability of some pharmacies. Although "pledge to consider" really just means "we'll think about it" in Civil Service speak, the problem is the NHS is a world governed on the basis of executive summaries, and the spin placed on them.

We all remember the expression: "It's not what you know but who you know", and if ever pharmacy needed friends in high places, it's now. Those friends can bring all your birthdays and Christmases in one – as the GPs found in their new contract – or such influence as brought the OFT to bring about the control of entry exemptions.

So now is the time to make friends with parliamentary candidates, who are in the pre-election desperate stage. I recently contacted three of mine, and before you could say "photo opportunity" they were banging on the door. We have spent too long developing these political links, with the all-party pharmacy group, and C+D's own Building Bridges campaign with MPs, to throw it all away now.

But, if the NAO persuades the DH that it's worth the loss of a few little backwater shops to cut the cost of pharmacy by a quarter, it could be a case of too little, too late, if we've failed to convince our elected representatives of our true value.

Professionalism means doing the right thing

What does professionalism mean to you? Someone told me once that professionalism is about doing the right thing when no one's looking. I like that idea. It captures the essential point that professionalism is not something imposed from outside – by regulators say – but a set of values that only have meaning if they come from within the individual, and the profession of which they are part.

In that sense I'd argue that professionalism is the truest form of 'self-regulation'. Professionalism goes to the heart of everything you do, including the way you behave, your code of ethics, the way you treat people. In short, it is an attitude of mind. So, where does the regulator come in?

In the 21st century the professions are all faced with the need to maintain their relevance and standing against the background of a rapidly changing society. One definition of a profession is "a group of individuals with specialist knowledge and skills bound by a code of ethics working in tacit agreement with society where the relationship is one of trust between the public and the practitioner". This might be threatened as an increasingly diverse and less deferential society finds it harder than ever to give the tacit agreement which permits the relationship to thrive.

I firmly believe that this is where the 21st century regulator comes into its own. It is in the position of being able to offer independent assurance to the public. In supporting areas of unchanging professionalism – competence, integrity, honesty, altruism – and by providing a code of ethics that demonstrates accountability and openness whichever way it is viewed, the modern regulator can exercise independent judgement fundamental to building and maintaining public trust and confidence.

This is not just about assuring minimum standards and dealing with problems, either. Lurid reporting of fitness to practise cases may grab the headlines, but regulation is just as much about helping to move standards forward and enabling responsible innovation as it is about professional discipline.

The creation of the GPhC is part of a programme of reforms focused on trust, assurance and safety. The trust that patients and the public place in pharmacists and pharmacy technicians, and in pharmacies, can and should be underpinned by an independent assurance, from a body with no pharmacy or government axe to grind, about the safety and standards of the care and services on offer. That's good for patients and the public and, I'd argue, for the profession.

Duncan Rudkin is chief executive and registrar of the GPhC

> REGULATION IS AS MUCH ABOUT MOVING STANDARDS FORWARD AS IT IS ABOUT PROFESSIONAL DISCIPLINE

Features

Benchmark

New!
Accredited by the RPSGB

Benchmark is an accredited training course for dispensary assistants.

Written by a team of experienced community pharmacists and medical writers, Benchmark has been mapped to both the Pharmacy Services S/NVQ2 and the Skills for Health framework that will supersede the NVQ later this year.

Meets RPSGB requirements for dispensing assistants.

To register your staff, or to find out more call **0207 921 8425**. Alternatively visit **www.chemistanddruggist.co.uk/benchmark**

Update

Your weekly CPD revision guide

Motor neurone disease

How pharmacists can help patients manage their symptoms

60-second summary

Motor neurone disease is a cruel condition; life expectancy is generally two to five years, and patients can die within six months of MND symptoms appearing. There is no cure. This article, which can form part of your CPD, describes what can be done to manage symptoms.

What causes MND?

Progressive degeneration of upper or lower motor neurones, or both. There are four types of MND, depending on which neurones are affected, and symptoms vary accordingly.

When are drugs used?

To control pain, excess saliva and dry mouth, and to treat spasticity, cramps and constipation. Riluzole is the only drug licensed to treat MND (but only the ALS form) and slightly extends survival time. Breathing Space kits contain anticipatory medicines to deal with end-of-life symptoms.

This article (Module 1521) can help in the following CPD competencies: G1a, G1c, G1d, G1v, C1a, C3d. See http://tinyurl.com/68ox7b.

Steve Bremer MRPharmS

Stephen Hawking, recently retired Lucasian Professor of Mathematics at Cambridge University, and author of A Brief History of Time, is perhaps the most well known person with motor neurone disease (MND). However, having survived MND for over 40 years makes professor Hawking a most unusual case; life expectancy for most people with MND is two to five years, and around half die within 14 months of diagnosis. This is a rapidly progressive disease that kills five people every day in the UK.

MND is the term applied to a group of related diseases affecting the motor neurones in the brain and spinal cord. It leaves people unable to walk, talk or feed themselves, but the intellect and senses are usually unaffected.

The disease has a varied presentation and unpredictable, sometimes rapid, progression. Onset is insidious, with early symptoms including stumbling, foot drop, weakened grip, slurred speech, cramp, muscle-wasting and tiredness. Some patients may present with acute respiratory problems.

The majority of patients are aged over 40, with the highest occurrence between 50 and 70, and 50 per cent more men are affected than women. The incidence is around two cases per 100,000 people per year – similar to multiple sclerosis. But because of the rapid progression of MND, the prevalence is only about seven per 100,000, compared with around 50 per 100,000 for MS. The incidence of MND seems to be increasing slightly, although it is unclear whether this represents more cases or better diagnosis.

The disease is characterised by progressive degeneration of the two types of motor neurones. Upper motor neurones (UMNs) run from the brain and down the spinal cord, where they release neurotransmitters across synapses to the lower motor neurones (LMNs), which run out of the spinal cord to specific muscles.

If LMNs are affected, the muscles become weak and floppy. A rippling effect under the skin, known as fasciculation, may be noticed. This is caused by different parts of the muscle working independently. If UMNs are affected, muscles become weak and stiff.

There is no diagnostic test for MND, so diagnosis requires the demonstration of clinical signs affecting both the brain and spinal cord. A variety of neurological tests are used to exclude other conditions. Diagnosis is often delayed and can take more than 16 months from the onset of initial symptoms.

Types of MND

There are four types of MND:

- **Amyotrophic lateral sclerosis (ALS)** affects 65 per cent of patients, involving both UMN and LMN. About two thirds of those affected are male, mainly aged over 55. It is characterised by muscle weakness, spasticity, hyperactive reflexes, emotional lability, fasciculation and weight loss. Average survival is two to five years from onset of symptoms.
- **Progressive bulbar palsy (PBP)** is a form of ALS that affects 25 per cent of patients, predominantly women. Both UMN and LMN may be involved, but only supplying the head and neck. This form is characterised by dysarthria (unclear pronunciation) and dysphagia (difficulty swallowing). LMN damage causes nasal speech, regurgitation of food via the nose, tongue atrophy and fasciculation, and pharyngeal weakness. UMN damage causes spastic tongue, explosive dysarthria and emotional lability. Average survival is six months to three years from onset of symptoms.
- **Progressive muscular atrophy (PMA)** affects fewer than 10 per cent of patients, predominantly men, with a younger age of onset. It is mainly due to LMN degeneration, leading to muscle weakness and wasting, weight loss and fasciculation. Average survival is five years plus.
- **Primary lateral sclerosis (PLS)** affects around 2 per cent of patients. Men are affected twice as often as women and the onset is usually after 50 years of age. Only the UMN are damaged, causing muscle weakness, stiffness of limbs and increased reflex response. Survival is similar to normal life span.

Demarcation between the clinical groups is often blurred. As the disease progresses there may be considerable overlap, resulting in more generalised muscle wasting and weakness.

Most (95 per cent) of cases develop for no apparent reason – so-called sporadic MND. Genetically linked familial MND accounts for the remaining 5 per cent of cases, with offspring of an affected parent having a 50 per cent chance of being affected. Clinically, the two forms are indistinguishable.

Riluzole is the only drug licensed to treat MND. Nice guidance[1] recommends use of the drug only in patients with the ALS form of the disease. It provides patients with a gain in median tracheostomy-free survival time of two to four months. Despite strong clinical support for its use in other forms of the disease, riluzole is only licensed for ALS.

It is thought that excessive stimulation of glutamate receptors on neurones plays an

important role in the destruction of motor neurones in MND. Glutamate is a neurotransmitter that tends to excite motor neurone cells. Riluzole inhibits the release of glutamate, decreases firing of motor neurones induced by glutamate receptor agonists and thus protects cells from glutamate-mediated damage.

Symptoms and management

Dysarthria

This affects 80 per cent of patients eventually. It is caused by weakness and wasting of the tongue, lips, facial muscles and pharynx and larynx. Progressive difficulty with articulation, slurred speech and loss of volume may lead to anarthria. Speech and language therapists can advise on communication strategies, while occupational therapists can assist with communication aids, seating and wrist supports.

Pain

Between 45 and 64 per cent of patients experience pain at some time. It may be caused by muscle cramps, spasticity, stiff joints, skin pressure or constipation. Muscle cramps are treated with quinine, diazepam and baclofen. For spasticity, dantrolene, gabapentin, tizanidine and baclofen can be used. Simple analgesics are often ineffective, in which case NSAIDs are preferred. Physiotherapy can help with joint stiffness. Botulinum toxin may be used for spasticity and jaw spasm.

Opioids are used to relieve the discomfort and distress of skin pressure. A laxative should always be prescribed concurrently.

Oedema may be related to restricted activity and posture or to intercurrent disease, which should be treated accordingly. Support stockings to reduce the risk of thromboembolism are supplied from hospitals and not available on FP10, but pharmacists can advise on their care and how to put them on.

Dyspnoea and choking

Dyspnoea caused by weakened respiratory muscles is a common symptom in later stages but may occur earlier. It can cause fear, anxiety, panic and poor sleep. Increased CO_2 levels may cause headaches, particularly on waking.

Physiotherapists and occupational therapists can advise on careful positioning, perhaps with the aid of equipment, breathing exercises and chest physiotherapy.

Morphine and diamorphine are used to ease fear, anxiety and breathlessness. Low dose beta-blockers such as propranolol 10mg can be used to reduce lung secretions, although this is an unlicensed indication.

Choking attacks may be due to aspiration, impaired respiration or muscle spasm, or stridor due to acid reflux. Patients and carers can be reassured that death by choking is rare and that the final stages of MND are usually peaceful and dignified. The MND Association's Breathing Space Kit provides tangible evidence that fears have been addressed and practical help is at hand. The Association supplies kits free of charge for named patients at their GP's request. It contains a suggested list of medication, including midazolam, glycopyrronium bromide and diamorphine and advice on their use in terminal care. The GP must then supply a prescription for the drugs to be kept at home in the kit until needed.

Table 1. The pharmacist's role in motor neurone disease

- **Advise on medicines use in dysphagia** Tablets or capsules should not be crushed or opened. Liquid formulations can be obtained from specials manufacturers if there is no licensed equivalent.
- **Advise on drugs and enteral feeding** Crushed tablets or opened capsules can block PEG feeding tubes. Contact the local medicines information unit or manufacturer for the most appropriate formulation for each drug.
- **Ensure the patient is in contact with the Motor Neurone Disease Association** A wide range of support and advice is available, from regional care advisers who will carry out home visits, to an equipment loan service and financial support fund.
- **Supplying disability aids** Patients need equipment such as bath aids, commodes, collars to stabilise the neck while sitting up, hand rails, wheelchairs, feeding aids, communication aids, walking sticks, container openers, etc.
- **Brush up on the various types of enteral feeds** If you have a patient with MND keep the relevant brand in stock. Can you deliver?
- **Check medication on PMR** Are symptoms such as dry mouth or constipation exacerbated by drug therapy?
- **Breathing Space kits** Are they fully stocked with in-date medicines?
- **Check the local palliative care formulary** Ensure relevant drugs are in stock.

Dysphagia and nutrition

Dysphagia is caused by weakness and paralysis of the bulbar muscles resulting from affected glossopharyngeal, vagus, accessory and hypoglossal nerves. Loss of the ability to form a seal with the lips, chew, propel food with the tongue, poor or absent swallowing reflex and failure to close the airway results in drooling, dehydration and weight loss, and aspiration and recurrent chest infection.

Percutaneous endoscopic gastronomy (PEG) should be considered before the effort of eating becomes exhausting, food and fluid intake is inadequate, or there is danger of inspiration and fear of choking.

Saliva problems

In most patients excessive saliva is the result of poor lip seal and/or impaired ability to swallow. Medication to dry up excessive saliva, mouth breathing and dehydration may all contribute to thick tenacious saliva.

Drooling can be limited with tricyclic antidepressants, atropine, hyoscine (available in motion sickness remedies) and glycopyrronium. Dry mouth can be limited with pilocarpine eye drops 4 per cent given orally two to three drops up to four times daily (an unlicensed indication) or artificial saliva preparations.

If saliva is thick and tenacious, flavoured ice cubes, pineapple, apple or lemon juices can help. Mucolytics may also be used. These include papaya fruit, which contains an enzyme that breaks down the protein in tenacious saliva, and meat tenderiser powder, which is available from supermarkets.

Constipation

Sphincter muscles are not normally affected by MND. Altered bowel function, which requires laxatives, is usually the consequence of forced inactivity, reduced peristalsis, low fluid intake, reduced fibre intake or weakness of pelvic floor and abdominal muscles.

Alternative options

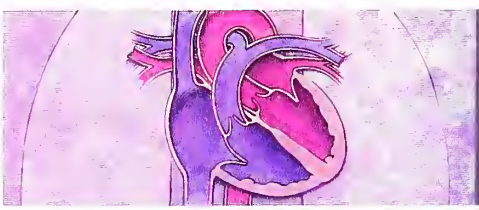
There is some evidence to support the use of anti-oxidants in MND[2], the most popular theory being that motor neurones' own anti-oxidant pathways may not be working efficiently. Research has investigated the use of vitamin E, N-acetyl cysteine, co-enzyme Q10 and vitamin C.

Many people with MND find that some complementary therapies can help make life more comfortable and reduce stress. Massage is one of the most popular, providing benefits such as improved muscle tone and circulation, improved digestion and relaxation. Acupuncture, aromatherapy and reflexology are also used.

Steve Bremer MRPharmS is a freelance pharmaceutical writer and practising community pharmacist.

References and further reading are online at www.chemistanddruggist.co.uk/update

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see p19).



NEXT WEEK
The management of chronic heart failure

Motor neurone disease

Plan

What are the early symptoms of motor neurone disease (MND)? Which motor neurones does progressive bulbar palsy affect? How can excessive saliva be treated?

This article describes the different types of MND. It includes information about the management of symptoms such as dysarthria, pain, dyspnoea and choking, dysphagia and saliva problems, and discusses the role of the pharmacist

Act

- Find out more about MND from the Patient UK website at http://tinyurl.com/mnd-more-info.
- Read the Top Tips on the MND Scotland website at http://tinyurl.com/mnd-top-tips, which has information about overcoming everyday problems and may be a useful resource for patients and carers.
- Read the article about MND in general practice on the MND Association website at http://tinyurl.com/ybrmqjp, and find out more about Breathing Space Kits from the same website at http://tinyurl.com/yavrsld.
- Read the information about PEG feeding tubes on the Patient UK website at http://tinyurl.com/peg-feeding and revise your knowledge of enteral feeds from Appendix 7 in the BNF.

Are you now familiar with MND and its different types? Do you know how the symptoms are treated? Could you give advice to patients and carers?

5 minute test

What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2010 and receive a unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

Step 3

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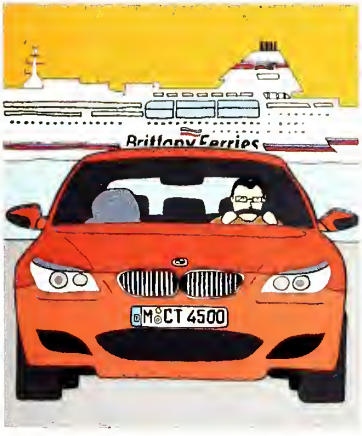
Practical Approach

Rules on English proficiency



Over refreshments at a meeting of a local branch of the Royal Pharmaceutical Society, members are chatting about general topics.

One says: "What do you think about the German doctor who came over to England for the weekend to do after hours' duties and ended up killing a patient with a massive overdose of morphine? I believe it was partly due to the fact that he didn't understand English properly. I wonder if something like that could happen with a pharmacist?"

Another answers: "I think it's possible. I've read in a recent survey that over 60 per cent of pharmacy employers said they don't do any language testing of European job applicants, and that 40 per cent have encountered problems that were potentially related to the language proficiency of employees."

"But surely," says another, "the RPSGB must ensure that pharmacists from abroad are competent in English before they are allowed to register here? They couldn't just let them walk in and start practising. There must be some rules that would prevent it?"

Another member says: "There certainly are strict rules for some overseas pharmacists, at least. I've got a guy working for me as a technician who is an experienced pharmacist from South Africa. But if he wants to work here as a pharmacist, he's got to go through an arduous and expensive re-qualification process. And although his first and only language is English, he's got to pass a language test."

Questions

1. How many pharmacists from abroad practise in Great Britain?
2. Is proficiency in English of overseas pharmacists tested before they can practise?
3 What do EU pharmacists have to do to be registered in the UK?
4. What do non-EU pharmacists have to do to be registered in the UK?

Answers

1. Around 500 European pharmacists register each year and about 200 pharmacists per year from outside the EU apply.

2. For EU pharmacists, no. The 2005 European Directive on the recognition of professional qualifications prevents healthcare regulatory bodies across Europe from testing the language competence of applicants for membership who have achieved their professional qualification within the European Economic Area. The RPSGB and other health professions are lobbying to get this changed. Pharmacists from outside the EU must pass an English proficiency examination, and to a high standard.

3. They must be an EU citizen entitled to practise as a pharmacist in the EU, and in good standing with their national professional authority (ie, not currently subject to any disciplinary sanctions or proceedings).

4. They have to have a pharmacy degree that is considered to be of equivalent standard to a UK bachelor degree, be practising pharmacists of good standing in their own country and pass an English language test. They must then undertake and pass a one-year overseas pharmacists' course at a British school of pharmacy, followed by the same one-year pre-registration training programme as UK pharmacy graduates, and pass the registration examination.

This article can help with these CPD competencies: G1h, G1m, G5f. See http://tinyurl.com/68ox7b

Do you have an idea for a Practical Approach scenario or would you like to write one? Email us at: **haveyoursay@chemistanddruggist.co.uk**

Following Helen Gordon's appointment last month as the first chief executive of the future professional body, **Zoe Smeaton** asks how female-friendly pharmacy is, and talks to women who have worked their way to the top

Jobs for the

Walk into most community pharmacies and you'll likely find a female presence. In fact, the RPSGB's latest workforce census shows that in 2008, 54 per cent of pharmacists in the community sector were female. And the number of female pharmacists on the register has been increasing – 64 per cent of last year's register entrants were female. So at first glance the profession seems to have more of an issue attracting men than women.

But walk into a meeting of the movers and shakers and you might just see a different story unfold. Most of the key representative organisations, such as the National Pharmacy Association, the Royal Pharmaceutical Society (currently) and the Company Chemists' Association, are headed by men. And although there are some obvious examples of women who have made it to the top, in a profession dominated by women there certainly don't seem to be enough.

Sandra Gidley MP, who previously worked as a community pharmacist, says: "I would go as far as to say that community pharmacy is a female environment dominated by male decision makers." The trend is repeated in the world of pharmacy owners, too. Sue Sharpe, PSNC chief executive, says although a lot of pharmacy staff are female, "the large majority of independent pharmacies are owned by men".

But is this really a problem, or do women just prefer not to rise to the top of the profession?

Certainly there are attractions to remaining an employee pharmacist for life. Boots and Lloydspharmacy both confirm that they receive large numbers of applications from women, and credit the opportunities available for women in pharmacy to work flexibly as one possible explanation. As Ms Gidley puts it: "I worked as a locum myself. It was a brilliant choice when I had young children. I could choose when and how much I worked and was paid reasonably well to boot."

But Annette Williams, director of the UK Resource Centre for Women in Science, Engineering and Technology, says the trend could be having a negative impact on the profession. "As in any industry, if your structures inhibit any individual from flourishing and developing, then that industry is missing out on ability," she says. In other words, if we're not pushing women as hard as we could be, pharmacy is losing out on talent.

Other industries have recognised this and are actively doing something about it, according to Christine Heading, a member of the National Association of Women Pharmacists' (NAWP's) national executive.

In many cases, Dr Heading says, large companies would be carrying out research to track the progress of women versus that of men in their organisation. If women were falling behind they might offer specialist support, encouraging them to apply for the top jobs and develop themselves professionally. "Pharmacy just doesn't realise how far behind it is," she warns.

It's not all down to the organisations, though, as the responsibilities that women have outside work could be putting them off taking those top positions. Ms Gidley agrees: "I regard myself as something of a feminist so it may surprise you to hear me say that – after over 50 years on this planet – I think biology has a lot to answer for... for many women the need to balance husband, family and other commitments means they can't be single minded about the business."

Hesitance from women to take business risks and put themselves forward for the top jobs is an issue. Ms Williams of the UK Resource Centre says it may be because there aren't many women in these jobs at the moment, so others find it hard to imagine themselves doing them. "It can affect their aspirations," she says.

At an institutional level this could be tackled if companies and pharmacy organisations showcased female pharmacists who had been successful in their careers to encourage others to follow. As Mrs Sharpe says: "It is good to showcase the pharmacists who have been successful, who can inspire others."

Dr Heading says moves must also be made by employers, who could use strategies such as mentoring and monitoring progress by gender to identify trends, to encourage women to move up the career ladder. NAWP is also working hard to encourage employers to take on women who have

girls

had a break from work and wish to return. And as Ms Gidley suggests: "Corporates should look at their career structures and whether the unrealistic burdens they can put on management level staff are deterring women from applying for more senior posts."

Another option could be to ensure that the top pharmacy positions can be offered on a part-time basis, or with flexible hours. This might well make a difference given women's preference for such roles – they work on average more than seven hours less than men per week in pharmacy and are twice as likely to work part time.

After that, though, it will be down to women themselves to push ahead with their careers. There are many ways to do this (see box, Eight tips for women from others in pharmacy) and there is cause for optimism as women pharmacists are increasing in number and are younger than their male counterparts – the average for female pharmacists is 40, compared with 46 for men.

If this trend continues, and women start to push their way to the top to inspire their younger colleagues, then perhaps in a few years pharmacy can catch up with colleagues in other industries.

Women at the top

Uzo Thakerar

INDEPENDENT PHARMACY OWNER

On being in the minority:

"I've been at meetings where I'm the only female there and I have to work twice as hard and be twice as vocal to convince people that I'm just as capable as them. Being involved in the media has helped me, it means people know about me."

On combining owning a business with having a family:

"You can do it, you just need to plan and you need to get the support of other people."

Sue Sharpe

PSNC CHIEF EXECUTIVE

On whether being a woman has been difficult:

"I am fortunate in having colleagues, both men and women, who concentrate on doing the job we have to do. I never really think about it, and I believe we have moved quite a long way from the days when there was an exclusive male club."

On the advantages of being a woman in pharmacy:

"Most pharmacy customers are women and I try hard to retain a focus on what they want... so from that point of view, yes, I think it has been useful."

Sandra Gidley

PHARMACIST AND MP

On confidence:

"I think that women undersell themselves and I know that this was one of my problems previously. I see this all the time – good women with lots to offer will talk themselves out of roles rather than into them."

On women holding back:

"With the top jobs it is not lack of ability, but most of the top jobs are not 9 to 5 and, particularly if a woman has children, the pluses of the job would have to outweigh the negative effect on family and personal life."

C+D Awards shortlist

C+D is delighted to announce the pharmacists, teams, assistants, technicians and others who have made it onto the shortlist for the C+D Awards 2010

With many of our judges saying it was "extremely difficult" to whittle the record number of entries down to the 69 finalists, those who made it onto the shortlist for the C+D Awards 2010, in association with the NPA, represent the very best of pioneering pharmacy practice. From a chlamydia testing university 'open day' to HPV and hepatitis vaccination, via robotic dispensing and store redevelopments, the breadth of achievements of our finalists illustrate just what's so great about community pharmacy.

The finalists will now be invited to attend a glittering awards ceremony in London's Mayfair, where the winners of the 14 coveted trophies will finally be revealed. To joins us at this prestigious event, see Book your seat, below. Thank you to all those who submitted such high quality entries and a huge congratulations to those who made the shortlist – see you at the C+D Awards 2010!

Pharmacy Team of the Year

Sponsored by **McNeil Products**

- Boots, Bon Accord, Aberdeen
- Dean & Smedley, Ashby de-la Zouch, Leicestershire
- Fishers Chemist, South Norwood, London
- Ledbury Pharmacy, Croydon
- Lloydspharmacy, Sway Road, Swansea
- Midcounties Co-operative Pharmacy, Dursley, Gloucestershire
- Rowlands Pharmacy, Kingston Crescent, Portsmouth

Clinical Service of the Year

Sponsored by **Martindale Pharma**

- IoW PCT, integrated blood screening and vaccination service
- Lloydspharmacy, alcohol identification and brief advice service
- Murrays Healthcare, chlamydia testing university 'open day', Henwick Halt, Worcester
- NHS Westminster, HPV vaccination service

Retailer of the Year

Sponsored by **T&R Care**

- Baskind Pharmacy, Leeds
- Chemist Direct, London
- Island Pharmacy, Jersey
- Paydens
- Rowlands Pharmacy
- Thackers Pharmacy, Wythenshawe, Lancashire

Pharmacy Assistant of the Year

Sponsored by **P&G PharmacyCare**

- Jennifer Hutchison, Sainsburys Pharmacy, Ballymena, County Antrim
- Hazel McConnell, Boots, Omagh, County Tyrone
- Patricia McCaig, Boots, Glasgow
- Doreen Walker, Boots, Bolton

Pharmacy Business Leader of the Year

Sponsored by **Actavis**

- Jay Badenhorst, Whitworth Chemists
- Kenny Black, Rowlands Pharmacy
- Michael Holden, Hampshire & IoW LPC
- John Nuttall, The Co-operative Pharmacy
- Graham Phillips, Manor Pharmacy Group, Hertfordshire

Business Development of the Year

Sponsored by **GlaxoSmithKline Consumer Healthcare**

- Brittania Pharmacy, polyclinic LPS contract, Ilford, Essex
- Gill Pharmacy, store redevelopment, Southall, Middlesex
- Hodgson Pharmacy, online store and service development, Longfield, Kent
- Lloydspharmacy, out patient services, Royal Liverpool & Broadgreen University Hospitals NHS Trust
- Mr Pickford's Pharmacy, store redevelopment, Leicester

What last year's winners say

"It's really nice to get recognition. It's a big boost to your confidence and a real motivator"

Valerie Sillito, C+D Prescriber of the Year 2009 and C+D Community Pharmacist of the Year 2008

"There have been lots of new opportunities from the interest that the Award created, which has given me the platform to take things forward in a number of directions"

Michael Maguire, C+D Community Pharmacist of the Year 2009

"If you've got a higher profile it's going to improve the interest in your company"

Duncan Murray, Murrays Healthcare, C+D Pharmacy Team of the Year 2009

"A really excellent batch of applications"
"Very inspiring, I have to say"

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Sponsored by **PLUS from GlaxoSmithKline**
- Lucia Castagnetti, The Co-operative Pharmacy, Crossgates, Leeds
- Colin Dougall, Lloydspharmacy, Drumchapel, Glasgow
- Kaushik Patel, Jaywick Pharmacy, Clacton-on-Sea, Essex
- Nader Siabi, Pharma Healthcare, Hornchurch, Essex

Pre-registration Graduate of the Year
Sponsored by **Reckitt Benckiser Healthcare**
- Ajith Adai, Chemistree Pharmacy, Watford, Herts
- Sarah Buchan, Rowlands Pharmacy, Dalgety Bay, Fife
- Jenna Kirley, The Co-operative Pharmacy, Fauldhouse, West Lothian
- Sharon Lindsay, Boots, St Enoch Square, Glasgow
- Nupur Shah, Leyton Orient Pharmacy, Leyton, London
- Mark Smith, Lloydspharmacy, Wishaw, Glasgow

Community Pharmacist of the Year
Sponsored by **Teva UK**
- Rachna Chhatralia, Day Lewis, Roundshaw-Wallington, Surrey
- Taseen Iqbal, Modi Pharmacy, Dudley, West Midlands
- Kevin McDevitt, Crossin Chemist, Belfast
- Graham Phillips, Manor Pharmacy Group, Hertfordshire

Pharmacy Innovation of the Year
Sponsored by **Ceuta Healthcare**
- Doncaster LPC, local quality and outcomes framework (QOF)
- Lime Tree Pharmacy, Myrepeats.com, Worthing, West Sussex
- Lloydspharmacy, Online Doctor Service
- NHS Westminster, HPV vaccination service
- Pinnacle Health Partnership, healthcare solutions through limited liability partnership, Ventnor, IoW
- Will Chemists, robotic dispensing, Inverurie, Aberdeenshire

New Pharmacist of the Year
Sponsored by **AAH Pharmaceuticals**
- Waqas Ahmad, Neils Pharmacy, Prescot, Merseyside
- Taseen Iqbal, Modi Pharmacy, Dudley, West Midlands
- Elen Jones, The Co-operative Pharmacy, Gilfach Goch, Mid Glamorgan
- Ravi Vaitha, Kamsons Pharmacy, Crawley, West Sussex

Pharmacy Manager of the Year
Sponsored by **Sigma Pharmaceuticals**
- Taseen Iqbal, Modi Pharmacy, Dudley, West Midlands
- Bhavesh Patel, Pharma Healthcare, Canvey Island, Essex
- Zoë Emily Pearce, Sainsburys Pharmacy, Chippenham, Wiltshire
- Elaine Stevenson, Manor Pharmacy (Medipharmacy), Wallington, Surrey

Pharmacy Technician of the Year
- Sally Atmore, Paydens Pharmacy, Aylesford, Kent
- Sally Clarke, The Co-operative Pharmacy, Aspley, Nottinghamshire
- Laura Jones, Fishers Chemist, South Norwood, London
- Hicham Makboul, Nashi Pharmacy, Westbourne Grove, London
- Julie Morran, Rowlands Pharmacy, Walsall, West Midlands
- Gemma Sharples, Lloydspharmacy, Bolton

MUR Champion of the Year
- Keith Howell, Delmergate Pharmacy, Herne Bay, Kent
- Perry Melnick, Manor Pharmacy, Letchworth, Hertfordshire
- Patricia Ojo, Day Lewis, Bromley, Kent
- Samiah Tambra, Midcounties Co-operative Pharmacy, Walsall, West Midlands

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SEVEN STEPS TO...

maximising OTC sales

Jennifer Richardson hears your new merchandising mantra from Reckitt Benckiser's Trevor Gore

You may think you know how to sell OTC medicines and, as far as the basics go, you'd probably be right. "The fundamentals of over the counter selling have not changed," says Reckitt Benckiser sales development controller Trevor Gore. So that's the four Ps – product, place, price and promotion. But many pharmacists could do with a refresher course in what these things actually mean – and, more importantly, how you should apply them to your pharmacy – Mr Gore believes. Not only that, but he's added three more Ps into the equation – PCTs, public expectation and people. Get these seven Ps right, he says, and you'll see a boost to your business in terms of both footfall and OTC sales. "If you merchandise correctly you don't lose people walking past," Mr Gore says.

1 Product

First, you must ensure signpost brands are visible in all categories. "People do react better to brands and they get more [for example] pain relief. It doesn't make sense to us as scientists, but it does to the public," Mr Gore says.

And this visibility is important even to those customers who aren't brand-focused, he adds, explaining: "Mothers may not buy Calpol, but they need to see Calpol to know they're in the right place." As well as these leading brands, stock new products with media awareness, as customers may come in and ask for them, and ensure key pharmacy medicines with unique benefits over GSL products are available.

And don't try to do it all. "Pharmacies like to try to stock everything – but you can't stock everything," Mr Gore says. Check your EPoS or sales data regularly to work out what sells, he advises – and be ruthless. "The public finds it easier to shop when you have fewer products and less clutter," Mr Gore says, giving the example that there are more than 60 adult pain relief products – but just 25 of these make up 80 per cent of pharmacy sales in the market.

Focus on stocking the basics in different pack sizes, he suggests, adding that if you need to stock a product for a particular loyal customer that is not popular with others, there is no need to have it out on display – keep it in a drawer.

2 Place

"Put the best product in the best place on the shelf," Mr Gore says. "Don't leave it to chance – as in, 'We'll put these there just because it fits'." He points to data that shows that on a five-shelf unit, the biggest proportion of sales is from the middle shelf, closely followed by the second from top; the bottom shelf has the lowest proportion of sales. Moving a product from the bottom to second from top shelf increases sales by 78 per cent; the reverse relocation decreases sales by 40 per cent.

3 Price

Of course price is important – but it's not community pharmacy's USP (unique selling point), says Mr Gore, so don't give it undue weight in your merchandising mindset. "If you're just going to sell boxes for money, somebody can do it better than you and for less money," Mr Gore says. "We have got to get out of the mindset that [selling medicines] is just a cash transaction."

He explains: "It's about adding value not price – it's about understanding the difference between them." And it's the customer who decides what good value means to them. Mr Gore gives the example of diamonds versus water – their relative value is very much dependent on your perspective and situation. Imagine trekking through the desert for two days without the latter, and you'll see what he means.

The two biggest launches for pharmacy last year, Mr Gore points out, were Alli and Optrex ActiMist, both in double figure prices at over £30 for the smallest pack and almost £15 respectively. "If [the customers] want them, they'll spend whatever it takes." All this means you shouldn't be afraid to upsell, he adds, such as by offering different formats or related products.

4 Promotion

Promotions can play a role in customers' purchasing decisions, says Mr Gore, but make sure you know why you are offering them. Take time to analyse what is the most effective for your pharmacy and your customers; is it a certain percentage off the usual price, BOGOF (buy one, get one free), or BOGSHP (buy one, get second half price), for example?

5 PCTs

The area where pharmacy "can prove its worth", according to Mr Gore, is in advice for minor ailments. The sector has long been lobbying for a national minor ailments scheme, but for now any such service is in local commissioners' hands. Talk to local GPs to get them on side, Mr Gore advises – in a Royal College of GPs survey, 86 per cent wanted immediate action to change the culture of dependency on GPs for minor ailments.

6 Public expectation

Advice is what the public expects of community pharmacies, Mr Gore says, and you should offer it with every sale you make. He remembers, with a shudder, 2008's Which? investigation, which found "unsatisfactory" advice with a third of pharmacy sales. "Eight per cent of independent pharmacies didn't ask any questions when selling medicines – that's a disgrace," he says.

He also issues a plea for pharmacists and pharmacy staff to remember to ask open questions. "Do something that makes you different from a hole in the wall or a vending machine."

7 People

And advice is where your staff come in, Mr Gore says: "Your staff are your biggest asset." A simple way to motivate them is to keep them informed. "I'm always amazed that pharmacy assistants haven't been told what the new contract is, what PNAs are," Mr Gore says. "How can you expect your number one asset to be involved in helping you do what you're going to do if you haven't told them what the game is?"

And one more thing...

Perhaps we should add another P to pharmacies' merchandising mantra – presentation. Mr Gore notes with exasperation: "Sometimes the only thing I can be sure some shops sell are dead wasps – because their windows are full of them." Trevor Gore was speaking at the Sigma Conference in China in February.

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Career ladder

... at the NPA

The NPA has launched an undergraduate training programme designed to provide employers with a structured course for pharmacy students working in pharmacies during the summer holiday or as part-time or weekend employees, ahead of their pre-registration year.

In two parts, the programme has a suggested timetable that can be tailored to the length of time a student will be working, and includes MCQs and case studies.

"This interactive and structured training programme allows the undergraduate to gain new knowledge and to implement the knowledge acquired at university," said NPA assistant head of education and training Sabina Khanom. "The programme is an ideal platform for moving onto the provision of pre-reg training."

The course costs £125 plus VAT. For more information, contact NPA Education and Training on 01727 800402 or training.dept@npa.co.uk.

The NPA is also offering free media training this summer. The day-long course is designed to help members develop skills for speaking to both broadcast and print media. Run by "expert media professionals", it will be held on June 3 in Belfast and on June 6 in London. To attend, email m.beckett@npa.co.uk.

... at the MHRA

Three pharmacists have been appointed to a pair of independent advisory bodies for medicines advertising and medicinal products classification.

Medicines regulator the MHRA and the independent Appointments Commission have announced 13 appointments to the Independent Review Panel for Advertising and the Independent Review Panel for Borderline Products, which are served by the same panel of experts.

The seven four-year appointments include former GlaxoSmithKline Healthcare director of regulatory, medical and consumer affairs Elizabeth Bamford, and consultant in pharmaceutical development Brian Whittle. The six two-year appointments included Norgine Pharmaceuticals' interim medical affairs manager David Kettle.

Got a burning careers question?
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Religion at work

As ethical objections to providing contraception services hit the headlines again, **Chris Chapman** unravels the rules

Religion in the workplace is a sensitive issue, but one that's vital for pharmacists to understand. According to the 2001 census, three quarters of the population believe in a higher power. Around seven in 10 are Christian, 2.7 per cent Muslim, 1 per cent Hindu and 0.6 per cent Sikh. It's therefore likely that the majority of a pharmacy's staff are religious – and they have rights.

And it's something pharmacy employers recognise. Boots says it tries to accommodate religious beliefs "where practicable", but says it has to balance the needs of employees with providing a high standard of customer care.

Religion in the workplace is governed by Employment Equality regulations, which protect employees against discrimination on the basis of race, gender, sexual orientation, age and religion.

Religion is only loosely defined, and it is up to an individual court to decide what counts. While the regulations are primarily to prevent harassment and ensure equal opportunities, they can impact on all areas of work, from dress code to break times. But perhaps the most important for pharmacy is the right of employees to opt out of delivering a service because of their beliefs.

Pharmacists have the legal right to refuse to provide a service, such as emergency hormonal contraception, because of religious or ethical beliefs. According to the RPSGB Code of Ethics, it is up to individual pharmacists whether they decline to offer a particular service. If they do decline, the code says they must ensure "the relevant persons or authorities are informed, and patients referred to alternative providers".

The General Pharmaceutical Council, taking over regulation of pharmacy this year, has confirmed this 'conscience clause' will continue. However, additional requirements, such as displaying signs informing customers of the clause, may be required.

Legislation may protect against religious discrimination, but is it always practical?

Pharmacists shouldn't try to dissuade a person from the service on religious or ethical grounds. "Any attempt by a pharmacist to impose their beliefs on a member of the public seeking professional guidance, or failure to have systems in place to advise of alternative sources for the service required, would be of great concern to the RPSGB," says a Society spokeswoman.

Another area of contention is dress code. For example, the Sikh Federation points out that Sikh employees have the right to wear articles of faith at work under the Race Relations Act, including the kirpan, a ceremonial dagger.

The religious dress of Muslims varies, the Muslim Council of Great Britain (MCGB) says. It recommends employers ensure any dress code can accommodate requirements to prevent indirect discrimination.

The MCGB recommends the dress code for women should allow the whole body to be covered except the face and hands. For men, the body needs to be covered from navel to the knees, and employees should be allowed to grow a beard.

According to a spokesperson for Boots, it is best to work closely with employees to ensure any attire meets the company's brand values.

Employers do not have to give employees time off for prayers, and can expect them to pray in their break. However, the MCGB warns that it could amount to indirect discrimination if an employer can make allowances but refuses, or if other employees are allowed to take additional smoking breaks.

Employers do not have to grant requests to move lunch breaks or give time to Muslims to break their fast during Ramadan, but would need to justify refusing a request because of a legitimate business need that cannot be met otherwise.

Employers do not have to make costly adjustments to provide prayer space, but if it is possible to provide a room without an adverse impact on the business, it could be construed as discrimination to refuse.

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COURSES

Springboard

Medway School of Pharmacy

in partnership with C+D Training

Springboard: sign up now for the 2010-11 pre-reg training programme

Springboard is a pre-registration programme offered by Medway School of Pharmacy in partnership with C+D. Springboard equips pre-registration students with the skills and confidence to ensure a smooth transition from pharmacy graduate to practicing pharmacist.

The Springboard pre-registration training programme consists of eight study days facilitated and delivered by staff from C+D and Medway School of Pharmacy covering a wide variety of topics, enabling students to meet the appropriate competencies in the RPSGB's student handbook.

Springboard is unique in that by the end of the course the students will have also completed an accredited medicines use review training programme, the C+D Counterpart pharmacy assistant course, the Practice Certificate in Pharmacy Management course, as well as receiving a subscription to an online practice exam question website.

Springboard also includes a training day for the pre-registration tutor.

The cost of Springboard is from £1,200 (+ VAT) per student.

For more information phone 0207 921 8413 or email kinna.mcconochie@ubm.com

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Postscript...

Online with C+D

Talking points

"How about pharmacists even finding time to spend five minutes with a customer without worrying about the backlog this will create over the course of the day"
I Amp on the Avicenna survey of independent contractors. Posted on C+D online.

The top stories last week

1. 'Murky double life' leads to three-year jail term
2. Update module 1519: Managing patients on warfarin
3. Managing codeine concerns
4. £1k for pricing errors
5. MBE pharmacist Charles Butler jailed for fraud and drug stash at bondage flat

To post a comment, simply register at www.chemistanddruggist.co.uk/register

Hair today

Postscript doesn't often get a letter, so when one landed on our desk begging for assistance, we were eager to help. The only problem is, we don't know the answer.

"Dear sirs," the letter, from Newcastle, began. "At 90 years of age I haven't much hair left to dress these days, but over the years I regularly used Brilliantine in my youth, and more recently Vaseline hair tonic."

Umm, right. The writer adds that he doesn't like modern hair gel, and asks where he could get "the good old liquid (oil)" to slap on his barnet.

Postscript's approach to thatch is pretty much "get it cut short enough that you don't have to comb it for a few months", so we don't know. But pharmacists are a helpful sort. Do you know where our Geordie geriatric can get a squirt or two of hair oil? There's a prize in it for you if you do. Email postscript@chemistanddruggist.co.uk

C+D Reader of the week

Meet chipmunk-keeping Hampshire pharmacist Sid Dajani, and find out what horrible present a customer opened on his counter

If you have a bacon sandwich, do you have it with ketchup or brown sauce? Both, but I am addicted to Reggae Reggae sauce.

What's the best holiday you've ever been on? The Seychelles, because of the scenery and the diving. As an epicure I love its exquisite edibles and interesting potables.

What's the strangest request you've had in your pharmacy? Either inserting a suppository into an overweight lady who couldn't do it herself, or having a dirty nappy opened on the counter and asked if the baby had worms.

What's the best thing on TV at the moment? Absolutely no idea – the OFF button?

Where is your dream place to live? Hampshire, where I'm surrounded by wildlife, countryside and there are lots of places for dog walks. And I can keep my wolves, peacocks, chipmunks, chickens and geese in harmony!

What's your greatest achievement? My father moved in after his stroke left him paralysed, with dysphagia, depression and anorexia. Being a surgeon he made the worst patient. Through hard work, resilience, laughter, tears and encouragement he has his life back and manages our olive farms in Jordan. My sisters and I are so proud of him, his greatest achievement is ours too.

Did you belong to any clubs or societies at university? Loads where there was a party, fun and laughter to be had! The Chinese, Asian, Welsh Societies, BPSA, YPG, the Halcyon Society and the Students Union. And I was a member of the University of London Union until I became the first to be banned since 1965!

What should we ask the next interviewee? If you were a superhero, who would you be?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk

@The Web Hunter

The government and the Department of Health (DH) seem to spend an awful lot of time and money trying to change the way bad things are advertised: think about cigarettes, alcohol and junk food. But in their presumed wisdom, I think they might be overlooking common sense.

I mean, is it just me, or is anyone else fed up with reading headlines that say, "Study finds that being fat is unhealthy" or DH ad campaigns telling us to drink less and exercise more? I know the powers that be are trying to do the right thing, but part of me thinks that the £100 million spent on the government's Campaign for Smarter Drinking could have been better spent elsewhere.

And what of the pharmacy PR campaign? How much of the estimated £26m spent by the DH on TV ads and the further £25m on radio and print will be siphoned off to promote pharmacy, and how should it be spent?

It seems the Labour government is not that keen on it being spent locally. "Far from ideal," as PSNC head of NHS services Alastair Buxton described it. The Tories, on the other hand, are keen on the local idea (according to Mark Simmonds when we met him last month). They have also promised to cut the marketing budget of the DH.

So while I'm keen on the idea of fewer big ads telling me that to get rid of my spare tyre I should eat more salads and fewer bacon sandwiches, will fewer ads telling me about local pharmacy services really work?

I don't know. But let's hope they apply some common sense.

Niall Hunt is C+D's digital content editor; email him at niall.hunt@ubm.com

A social tweet

From evil laughs to snoring, join the debate at www.twitter.com/chemistdruggist

@Squeelaa: @CandDChris seems to be practising evil laughs. Mwoa ha ha ha haaa.

@CandDChris: @Squeelaa I'm an evil mastermind. That's why I wear a cape in the office and keep minions and henchpersons about to fetch cake and sweeties.

@Squeelaa: Proving his evilness @CandDChris has just hacked an icing Bunny up with a knife. Mwoa ha ha ha ha harrrrrgh.

@GaryParagpuri: The man sitting opposite me on the train is snoring loudly while appearing to be wide awake. Fascinating.

Springboard

Springboard Pre-registration Training Programme 2010-11

Springboard is an exciting pre-registration training programme, offered in partnership by **C+D** and **Medway School of Pharmacy**. **Springboard** covers all aspects of the community pharmacy experience and assists the trainee in making a smooth transition from student to professional.

The programme consists of eight in-house study days covering:

- Responding to symptoms
- Law and Ethics
- Controlled Drug regulations
- Medicines use reviews
- Drug Tariff
- Pharmaceutical calculations
- Dressings and wound management
- Monitored dose units
- Smoking cessation
- Drug misuse
- Management
- Communication skills
- First aid
- The NHS and how it works
- Influencing your PCT
- Auditing your services
- Clinical cases using the BNF
- Practice exam questions

The programme enables the student to meet the appropriate competences in the RPSGB pre-registration student handbook, and offers support to pre-reg tutors via a tutor training day and throughout the year. Students are allocated a nominated personal tutor in addition to their pre-reg tutor in the workplace.

This programme is unique in that the students have the opportunity to be accredited to provide medicines use reviews. Additionally students are able to accumulate credits by completing distance learning courses included in the programme that can be put towards a postgraduate qualification.

All eight student study days and the tutor day will be held at a central London location.

For more information on the **Springboard** course, complete the slip below and return to: Kinna McConochie, 8th Floor, Ludgate House, 245 Blackfriars Road, London SE1 9UY. Alternatively, call Kinna on 0207 921 8413 or email kinna.mcconochie@ubm.com

☐ **YES**, please send me more information on the **Springboard** pre-registration training programme

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Benadryl Allergy Relief Product Information:
Presentation: Acrivastine 8 mg capsules. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12 - 65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s £4.35, 24s £7.55 **Legal category:** 12s GSL, 24s P. **PL holder:** McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. **PL no:** 12s 15513/0128, 24s 15513/0035. **Date of prep:** April 2008

05531

Benadryl Plus Capsules Product Information:
Presentation: Acrivastine 8mg and pseudoephedrine 60mg capsules. **Uses:** Symptomatic relief of allergic rhinitis. **Dosage:** Adults and children 12 - 65 years: One capsule as necessary, up to three times a day. **Contraindications:** Hypersensitivity or intolerance to any of the ingredients or triprolidine. Severe hypertension, severe heart disease or significant renal impairment; patients who have taken MAOI's in the preceding 14 days. Concomitant use with furazolidone. **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. Advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Effects of alcohol or other CNS depressants may be enhanced. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness, CNS excitement; occasionally skin rash, or urinary retention in men. **RRP (ex-VAT):** 12s £4.99 **Legal category:** P. **PL holder:** McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. **PL no:** 15513/0017 **Date of prep:** April 2008

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